



Montana Department of Labor & Industry INNOVATION IN BUSINESS CONFERENCE

Crowne Plaza - Billings, MT
May 18th & 19th, 2010

Office Use Only

Validate Amount	
Check Number	
Check Cleared	
Entered by	
Follow-Up	
Refund	

CONFERENCE REGISTRATION FORM

Last name:	First:	Department/Unit:	Organization:
Street address:		P.O. Box:	
City:	State:	ZIP Code:	
Work Phone: ()	Fax: ()	Email:	
Please indicate your affiliation: <input type="checkbox"/> Business/Employer <input type="checkbox"/> DLI Workforce Professional			

JOB SERVICE EMPLOYERS' COMMITTEE (JSEC)

ALL PARTICIPANTS

Please select all that apply:

JSEC Name:

- ☐ Voting Member for Statewide JSEC Meeting
☐ Non-Voting Member
☐ I am not a JSEC member but would like to receive information about JSEC

I will be Participating In:

- ☐ JSEC Meeting - Monday, May 17th
☐ Award Ceremony & Banquet – Tuesday, May 18th

(2) OPTIONS FOR PAYMENT

☐ Check

Complete and print registration form - mail to:

Department of Labor and Industry, Workforce Services
Division, Attn: Chris Wilhelm, P.O. Box 1728, Helena, MT
59624-1728.

Please make check payable to:

Department of Labor and Industry

☐ State Agency Coding

Org:

Project Grant:

Email completed form to Chris Wilhelm at
chriswilhelm@mt.gov and include state agency code
information

REGISTRATIONS (including additional registrations on page 2)	FEE	QUANTITY	TOTAL
Full Conference (includes Award Ceremony Banquet)	\$150		
Single Day Only (Tuesday, May 18 th)	\$100		
Single Day Only (Wednesday, May 19 th)	\$100		
Vendor (includes 10x10 booth, skirted table, and a brief business introduction to attendees during scheduled breaks).	\$250		
Vendor & Banquet (includes 10x10 booth, skirted table, a brief business introduction to attendees during scheduled breaks, and the banquet dinner).	\$275		
Volunteer (State Agency or Host Community JSEC only)	\$100		
Guest: Early Bird – Monday, May 17 th	\$15		
Guest: Award Ceremony & Banquet – Tuesday, May 18 th	\$40		
Total Due for Registration(s)			

OTHER IMPORTANT INFORMATION

- Additional Registrations available on Page 2.
- Registration Deadline: Friday, April 30, 2010.
- Be sure payment includes your registration and ALL ADDITIONAL REGISTRATIONS FROM PAGE 2.
- Please make your hotel reservation early.
- DLI makes reasonable accommodations for any known disability that may interfere with a person's ability to participate in training. Persons needing an accommodation must notify Chris or Sharon (below) no later than 2 weeks before the date of training to allow adequate time to make needed arrangements.

Questions: Please contact Chris Wilhelm at (406) 444-3351 or Sharon Michael (406) 655-6058

ADDITIONAL REGISTRATIONS				
	Attendee Info	Job Service Employers' Committee (JSEC) Select all that apply.	Registration Please indicate registration type.	Guests Please indicate quantity.
Attendee 2	Last Name First Name e-mail Please indicate your affiliation: <input type="checkbox"/> Business / Employer <input type="checkbox"/> DLI Workforce Professional	JSEC Name: <input type="checkbox"/> Voting Member for Statewide Mtg <input type="checkbox"/> Non-Voting Member <input type="checkbox"/> I am not a JSEC member but would like to receive information about JSEC I will be Participating In: <input type="checkbox"/> JSEC Meeting <input type="checkbox"/> Award Ceremony	Fee <input type="checkbox"/> Full Conference \$150 <input type="checkbox"/> Single Day Tuesday \$100 <input type="checkbox"/> Single Day Wednesday \$100 <input type="checkbox"/> Vendor \$250 <input type="checkbox"/> Volunteer \$100	Guests Quantity Early Bird \$15 each Award Ceremony & Banquet \$40 each
			Fee <input type="checkbox"/> Full Conference \$150 <input type="checkbox"/> Single Day Tuesday \$100 <input type="checkbox"/> Single Day Wednesday \$100 <input type="checkbox"/> Vendor \$250 <input type="checkbox"/> Volunteer \$100	Guests Quantity Early Bird \$15 each Award Ceremony & Banquet \$40 each
Attendee 4	Last Name First Name e-mail Please indicate your affiliation: <input type="checkbox"/> Business / Employer <input type="checkbox"/> DLI Workforce Professional	JSEC Name: <input type="checkbox"/> Voting Member for Statewide Mtg <input type="checkbox"/> Non-Voting Member <input type="checkbox"/> I am not a JSEC member but would like to receive information about JSEC I will be Participating In: <input type="checkbox"/> JSEC Meeting <input type="checkbox"/> Award Ceremony	Fee <input type="checkbox"/> Full Conference \$150 <input type="checkbox"/> Single Day Tuesday \$100 <input type="checkbox"/> Single Day Wednesday \$100 <input type="checkbox"/> Vendor \$250 <input type="checkbox"/> Volunteer \$100	Guests Quantity Early Bird \$15 each Award Ceremony & Banquet \$40 each
			Fee <input type="checkbox"/> Full Conference \$150 <input type="checkbox"/> Single Day Tuesday \$100 <input type="checkbox"/> Single Day Wednesday \$100 <input type="checkbox"/> Vendor \$250 <input type="checkbox"/> Volunteer \$100	Guests Quantity Early Bird \$15 each Award Ceremony & Banquet \$40 each
Attendee 5	Last Name First Name e-mail Please indicate your affiliation: <input type="checkbox"/> Business / Employer <input type="checkbox"/> DLI Workforce Professional	JSEC Name: <input type="checkbox"/> Voting Member for Statewide Mtg <input type="checkbox"/> Non-Voting Member <input type="checkbox"/> I am not a JSEC member but would like to receive information about JSEC I will be Participating In: <input type="checkbox"/> JSEC Meeting <input type="checkbox"/> Award Ceremony	Fee <input type="checkbox"/> Full Conference \$150 <input type="checkbox"/> Single Day Tuesday \$100 <input type="checkbox"/> Single Day Wednesday \$100 <input type="checkbox"/> Vendor \$250 <input type="checkbox"/> Volunteer \$100	Guests Quantity Early Bird \$15 each Award Ceremony & Banquet \$40 each
			Fee <input type="checkbox"/> Full Conference \$150 <input type="checkbox"/> Single Day Tuesday \$100 <input type="checkbox"/> Single Day Wednesday \$100 <input type="checkbox"/> Vendor \$250 <input type="checkbox"/> Volunteer \$100	Guests Quantity Early Bird \$15 each Award Ceremony & Banquet \$40 each
Attendee 6	Last Name First Name e-mail Please indicate your affiliation: <input type="checkbox"/> Business / Employer <input type="checkbox"/> DLI Workforce Professional	JSEC Name: <input type="checkbox"/> Voting Member for Statewide Mtg <input type="checkbox"/> Non-Voting Member <input type="checkbox"/> I am not a JSEC member but would like to receive information about JSEC I will be Participating In: <input type="checkbox"/> JSEC Meeting <input type="checkbox"/> Award Ceremony	Fee <input type="checkbox"/> Full Conference \$150 <input type="checkbox"/> Single Day Tuesday \$100 <input type="checkbox"/> Single Day Wednesday \$100 <input type="checkbox"/> Vendor \$250 <input type="checkbox"/> Volunteer \$100	Guests Quantity Early Bird \$15 each Award Ceremony & Banquet \$40 each
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